FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	April 30, 2008						
Estimated average bur	den						
hours per form	16.00						

SEC USE ONLY								
Prefix	•		Serial					
DATE RECEIVED								
	-1	1						

Name of Offering ([] check if this is an amendn		ite change.)			
Oraya Therapeutics, Inc., Series B Preferred	Stock Financing				
Filing Under (Check box(es) that apply):	[] Rule 504 [] Rule 50	5 [X] Rule 506	I Section 4(6)	[] ULOE	
Type of Filing: [X] New Filing	[] Amendment				
	A. BASIC IDENTIFICATI	ON DATA		#	
1. Enter the information requested about the i					
Name of Issuer ([] check if this is an amendme	nt and name has changed, and indicate	change.)	0708	7409	
Oraya Therapeutics, Inc.				_	
Address of Executive Offices (N	lumber and Street, City, State, Zip Coo	de) Telephone Number	(Including Area Cod	e)	
8000 Jarvis Avenue, Building 5, Newark, CA		650-265-4055			
Address of Principal Business Operations (N	fumber and Street, City, State, Zip Coo	de) Telephone Number	(Including Area Code	e)	
(if different from Executive Offices)					
				PROCESSE	
Brief Description of Business			Ţ	しせつつにつので	
Medical devices and related technology					
Type of Business Organization			•	JAN 1 0 2008	
[X] corporation	[] limited partnership, already for	med	[] other (please spe	THOMSON	
[] business trust	[] limited partnership, to be forme	<u>.d</u>			
्र:	Month	Year		FINANCIAL [] Estimated	
Actual or Estimated Date of Incorporation or Org		[2006]	[X] Actual	[] Estimated	
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal S		tate:		
A STATE OF THE STA	CN for Canada; FN for foreig	n jurisdiction)		[DE]	
GENERAL INSTRUCTIONS	•	<u> </u>			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When To File: A notice must be filed no later than 15 cays after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner [] General and/or Managing Partner	[X] Executive Officer	[X] Director	
Full Name (Last name first, if indi		· · · · · · · · · · · · · · · · · · ·		
Gertner, Michael E.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	lumber and Street, City, State, Zip Code)			
8000 Jarvis Avenue, Building 5				
Check Box(es) that Apply:	Promoter Beneficial Owner	[] Executive Officer	[X] Director	
` ,,	[] General and/or Managing Partner	• • • • • • • • • • • • • • • • • • • •	()	
Full Name (Last name first, if indi				
Neels, Guido J.				
	lumber and Street, City, State, Zip Code)			
8000 Jarvis Avenue, Building 5				
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[X] Director	
	[] General and/or Managing Partner		• •	
Full Name (Last name first, if indi	vidual)			
Onopchenko, John				
Business or Residence Address (N	lumber and Street, City, State, Zip Code)			
3282 Alpine Road, Portola Valle	y, CA 94028		•	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director	
	[] General and/or Managing Partner			
Full Name (Last name first, if indi	vidual)			
Cohn, Peter				
Business or Residence Address (N	lumber and Street, City, State, Zip Code)	•		-
1020 Marsh Road, Menlo Park,	CA 94025			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director	
<u> </u>	[] General and/or Managing Partner			
Full Name (Last name first, if indi				
Essex Woodlands Health Ventui				
Business or Residence Address (N	lumber and Street, City, State, Zip Code)			
435 Tasso Street, Suite 305, Palo				
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director	
<u> </u>	[] General and/or Managing Partner			
Full Name (Last name first, if indi				
Essex Woodlands Health Ventur				
· ·	lumber and Street, City, State, Zip Code)			
435 Tasso Street, Suite 305, Palo	····································			
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director	
	[] General and/or Managing Partner		·	
Full Name (Last name first, if indi			· · · · · · · · · · · · · · · · · · ·	
Synergy Life Science Partners, I				
	Jumber and Street, City, State, Zip Code)			
3282 Alpine Road, Portola Valle		(1)	f 1 D'	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director	
F. II M	General and/or Managing Partner		•	
Full Name (Last name first, if indi	viduai)			
Duringag on Dagidan as Address (A)	lumber and Street, City, State, Zip Code)			
Business of Residence Address (N	dumber and Street, City, State, Zip Code)			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Evacutiva Officer	I 1 Disastes	
Check Box(es) that Apply.	[] General and/or Managing Partner	[] Executive Officer	[] Director	
Full Name (Last name first, if indi				
i an isame (Last hame mst, ii iid)	riddai)			
Rusiness or Residence Address (N	lumber and Street, City, State, Zip Code)	• • • • • • • • • • • • • • • • • • • •		
Dustitess of Residence Address (N	rumber and street, City, state, Zip Code)			
	(Use blank sheet, or copy and use additional copies	s of this sheet, as necessary.)		
·				

				В	. INFO	RMAT	ION A	BOUT (OFFER	ING					
i.	Has the issue	r sold, or o	does the iss					tors in this nn 2, if fili						Yes	No [X]
2. What is the minimum investment that will be accepted from any individual?											\$ <u>NO</u>	NE			
3.											Yes	No [X]			
4.	Enter the inf remuneration agent of a br be listed are	ı for solici oker or de	tation of pr aler registe	urchasers i red with th	n connecti ne SEC an	ion with sa d/or with a	lles of secu state or st	irities in th ates, list th	e offering. ie name of	If a perso the broke:	n to be lis r or dealer	ted is an as . If more t	ssociated	perso	
Full	l Name (Last n	ame first,	if individu	al)											
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)	 			<u> </u>				
Nar	me of Associat	ed Broker	or Dealer												
Stat	tes in Which P	erson Liste	ed Has Soli	icited or In	tends to So	olicit Purch	nasers								
														All Sta	tes
	[AL] [IL]	[AK] [IN]	[IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) MI)	[GA] [MN]	[HI] MS]	[ID] [MO]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[X.] [fv]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
Fui	l Name (Last n	ame first,	if individu	al)											
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)						<u> </u>		
Nar	me of Associat	ed Broker	or Dealer												<u> </u>
Stat	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to Se	olicit Purch	nasers			•					
	(Check	"All State	s" or check	individua	l States)	*************	••••			*******			[]/	All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]		
	(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
Eul	[RI]	[SC]	[SD]	[TN]	[X]]	[UT]	[VT]	[VA]	[WA]	[vv]	[wij	[wy]	[PR]		
	l Name (Last r			,											
Bus	siness or Resid	ence Addr	ess (Numb	er and Stre	eet, City, S	tate, Zip C	Code)								
Nar	me of Associat	ed Broker	or Dealer	,											
Sta	tes in Which P	erson Liste	ed Has Sol	icited or In	tends to S	olicit Purcl	hasers								•
	(Check	"All State	s" or check	c individua	1 States)								[]	All Sta	tes
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	(IL) (MT)	[NE]	[IA] [NV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[МI] [ОН]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[SD]	[TN]	[[X]	[UT]	[VT]	[VA]	[WA]	[wvj	[WI]	[WY]	[PR]		
	(AL) [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR]	[ID] [MO] [PA]	All Sta	tes

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	S
	Equity	\$14,052,598.56	\$14,052,598.56
	[] Common [X] Preferred		
	Convertible Securities (including warran's)	s	S
	Partnership Interests	\$	\$
	Other (Convertible Promissory Notes)	\$	\$
	Total	\$ <u>14,052,598.56</u>	\$ <u>14,052,598.56</u>
	Answer also in Appendix, Column 3, if filing Under ULOE		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	5	\$14,052,598.56
	Non-accredited Investors		\$
	Total (for filings Under Rule 504 Only)		s
	Answer also in Appendix, Column 4 if filling under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of Security	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		S
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[]	\$
	Printing and Engraving Costs	[]	<u>s</u>
	Legal Fees	[X]	- \$25,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)	[]	s
	Other Expenses (identify):		s

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	·		
	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$14,027,598.56
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	Payments to Officers,	
		Directors, & Affiliates	Payments To Others
	Salaries and fees	S[]	s
	Research and Development	S[]	S
	Purchase, rental or leasing and installation of machinery and equipment []	s[]	s
	Construction or leasing of plant buildings and facilities	S[]	s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets of securities of another issuer pursuant to a merger)	\$[]	s
	Repayment of indebtedness	S	s
	Working capital and general corporate purposes []	\$(X)	\$ <u>14,027,598.56</u>
	Other (specify):	\$[]	s
	Column totals	\${{ }}	s
	Total payments listed (column totals added)	[X] \$ <u>14,027,598.56</u>	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Oraya Therapeutics, Inc.	Signature Date 12/17/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Peter Cohn	Secretary

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	- · E. STATE SIGN	ATURE						
ł.	Is any party described in 17 CFR 230.262 presently subject to any of the disqurule?	anneation provisions of such	'es No [X]					
	See Appendix, Column 5, fo	r state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator 239.500) at such times as required by state law.	of any state in which this notice is filed,	a notice on Form D (17 CFR					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators	, upon written request, information furnis	shed by the issuer to offerees.					
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.							
	ne issuer has read this notification and knows the contents to be true and has duly thorized person.	caused this notice to be signed on its beha	alf by the undersigned duly					
	raya Therapeutics, Inc. Signat	ute da la	Date 12/17/07					
	ime of Signer (Print or Type) Title o Secret	f Signer (Print or Type) tary						

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed orprinted signatures.

APPENDIX										
1	Intend to Sell To non- accredited investors in State (Part B-Item 1)		3 4					:	5	
			Type of Security and aggregate offering price offered in state (Part C-Item I)	Type of investor and amount purchased in State (part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E- Item 1)	
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ							***************************************			
AR						, , , , ,			· -	
CA		X	\$14,052,598.56	5	\$14,052,598.56				х	
СО										
СТ										
DE										
DC									*****	
FL										
GA										
Н										
lD							-			
IL										
IN							_			
lA										
KS										
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
МО				_					1	
MT										
NE										
NV										
NH			T		1	1				

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1	2	2	3		4				
	Intend To i accre investors (Part B	non- dited s in State	Type of Security and aggregate offering price offered in state (Part C-Item 1)	gregate offering Type of investor and ce offered in state amount purchased in State		investor and chased in State C-Item 2)		under Sta (if yes, explan waiver)	ification ate ULOE , attach ation of granted) - Item 1)
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NJ			-						
NM									
NY							-		
NC									
ND				 -			··········		
ОН	 								
ок									
OR									
PA								77	
RI									
SC									
SD									
TN									
TX									
UT									
VT_									
VA		ļ				<u> </u>		<u> </u>	,
WA	,								
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WI		<u> </u>							
WY	<u> </u>								
PR									

